FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: I his is an initial* Statement of Organization	IA ETHICS AND	FORM DR-1 (Rev. 04/2008)	STATEMENT OF ORGANIZATION	
This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of	<u> </u>	For Office Use		
making expenditures, or incurring indebtedness exceeding \$750. Amenda a change. Penalties may be imposed for late-filed Statements of Organiza committee that exceeds \$750 in activity for another office shall file within for DR-1 disclosing information concerning the campaign for the new office so	nents must be filed within 30 days of tion. A candidate with an open C days cither a new or amended	Indexed Audited Computer		
COMMITTEE NAME (A candidate's committee must include the	-	f the committee)		
ELECT ANDERSEN SUPERVISOR COmmittee				
IMPORTANT: Indicate type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (5)County Candidate (6)City Candidate (7)School Board or Other (10)School Board or Other Political Subdivision FAC (11) Local Bail	Statewide PAC (3)State Party (4) Political Subdivision Candidate (8))County Central Co	Tity DAC	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a c	andidate's committee)	
Juan to Andersen	Name ↓ ↓			
1315. Sheckley Ave.	Mailing Address 🕹			
New Hampton IA 50659	a la			
Phone (64) 394-2677	Phone ()			
e-Mail /// Andersen & Vo.hoo . Commail INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s)				
Comment or description;		dvocate for ballot issi dvocate against ballo		
All Candidates Enter: Office Sought: Board of Supervisor	County/Local Candidates a	nd Local Ballot Cor	nmittees Enter:	
Political Party (if applicable) Democratic	- / M: -//	25CLL)	st of counties	
District:3	Date of Election: ///4	1/2008	s. or wantes	
Year Standing for Election: Bank Account Name (must match committee name)	Candidate name & Address or Pa	7	***	
ELECTANDERSEN		ffiliate, or Sponsor	r applicable),	
SUPERVISOR Committee Name of Financial Institution/type of Account Checking	Mailing Address	tersen		
State Bank of Lawler account	331 5. She	akley F	lue	
City State State	New Hampt	on IA,	50659	
New Hampton IA 50659	Phone (641) 394-	2677	The second control of	
	0 -0	11ta 10 10	watelecom. net	
STATEMENT OF AFFIRMATION: By filing this document the committee affili	-			
 The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code. 	they are subject to the laws in Iowa Cod	e chapters 68A and 6	3B and the administrative	
 That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclos subjects the candidate or chairperson (in the case of committees other than a can imposition of other criminal and civil sanctions. 				
 That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that wi does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form 	placement of the words "paid for by" and shes to register a committee name for pu in lieu of filing this form	d the name of the com proses of using the si	mittee on all political norter "paid for by" and	
 That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the issue PACs. 	receipt of corporate contributions by all	committees except for	statewide and local battor	
A candidate and a candidate's committee may only expend campaign funds as	permitted by lowa code sections 684 30	11 through 694 202	dud of a se	
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of				
-1.0. i ba / A O			·-··	
Signature of Treasurer	- July 1,	2008		
John Hudersten	July 1, 2	<i>D0</i> 8		
Ignature of Candidate, OR, for all other committees, Chairperson	0 1	Date Signed		